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COVER LETTER

		istration Sec sion of Corp					
eim ir		Lake Marg (General LLC				
SUBJEC	. I ;		Name of Lim	nited Liability Company			
The encle	osed	Articles of A	Amendment and fee(s) are sub	bmitted for filing.			
Please re	turn	all correspor	ndence concerning this matter	r to the following:			
			Roy M Ison Jr				
				Name of Person			
			Lake Mart General LLC				
				Firm/Company			
			772 Baygrove RD				
				Address			
			Freeport, FL 32439				
				City/State and Zip Code			
			jennifer@sesunderground.c	com			
			E-mail address: ((to be used for future annual report notification)			
For furth	er in	formation co	ncerning this matter, please co	call:			
Jennifer (Chris	stensen		850 835-1064			
		Name of	Person	Area Code Daytime Telephone Number			
Enclosed	is a	check for the	e following amount:				
□ \$ 25.0	00 Fi	ling Fee	S30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy Certified Co (additional copy Certified Co (additional copy Certified Co	of Status &		
		ing Address		Street Address: Pagistration Section			
Registration Section Division of Corporations				Registration Section Division of Corporations			
ļ	P,O.	Box 6327	•	The Centre of Tallahassee			
•	Tall	ahassee, Fl	L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake Marg General LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited	Liability Compan	y were filed on	23 and assigned
Florida document number L23000436811	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
LAKE MART GENERAL LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	202 3E1 T)
(Mailing address MAY BE A POST OFFICE	ε ΒΟλ)		<u></u> 8
			:: -
			7
B. If amending the registered agent and/or agent and/or the new registered office addr	_	address on our record	112.
			-
Name of New Registered Agent:	N/A		75 0
New Registered Office Address:	N/A		
TOWN COLOR OF THE COLOR	·	Enter Florida str	eet address
			, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
		N/A	□Remove
		N/A	□ Change
·			□ Add
		·	□Remove
•			CONTRACTOR
			Remove
			Change
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fective date, if other than the date in effective date is listed, the date must be	specific and cannot	be prior to date of t	iling or more than 90	(optional) days after filing	.) Pursuant to 605.02
ote: If the date inserted in this block icument's effective date on the Depart	does not meet the	e applicable statui	ory filing requiren	ents, this date	will not be listed
ecord specifies a delayed effective da	ite, but not an effi	ective time, at 12:	01 a.m. on the earl	ier of: (b) Th	ne 90th day after ti
is filed.	,			(-, -,	o your cary area.
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(or authorized seas			
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